

MO 500-2461 (7/04)

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480 A+ SCHOOLS PROGRAM REQUEST FOR A+ TUITION REIMBURSEMENT – CORRECTION

(Refer to the Missouri School Directory)

COLLEGE CODE OR CO/DIST CODE

								-				
FOR DEPART	MENT USE ONI	Y										
APPROVED BY:			I	DATE APPROVED								
A. PROJECT IN	FORMATION											
COLLEGE /VO-TECH SCHOOL DISTRICT					COLLEGE/ VO-TECH SCHOOL NAME							
ADDRESS, CITY, STA	TE, ZIP CODE:											
CONTACT PERSON A			FISCA					CAL YEAR JUNE 30				
Certification:			CHIEF ADMINISTRATOR'S SIGNATURE									
I hereby certify that belief	the information repo		is correct to		ır knowledge and							
PLEASE CHECK ONE	OF THE FOLLOWING A	ND INSERT T	ΓHE YEAR IN 1	ΓΗΕ APPROPRI	ATE BLANK	l						
SEMESTER Summer (Year) Fall (Year)					Spring (Year) Full Year Program							
B. PROJECT	FINANCIAL DAT	A										
Student Name (LN, FN and MN or initial)	SSN ()	Cr. Hr /Clock Hr	Tuition	Fees	PELL/ SEOG	Restricted Scholarships	Amt Received for Student	Amt of Overpayment (be refunded to DESE)		LS Certificate/ Degree	Fin. Aid Funded	
			Total:	Total	Total:	Total:	Total:	Total				
Total Number of Students:					Grand Total:	Grand Total: \$						

Student Name (LN, FN and MN or initial)	SSN ()	Cr. Hr /Clock Hr	Tuition	Fees	Pell/SEOG	Restricted Scholarships	Amt Received for Student	Amt of Overpayment (To be refunded to DESE)	Comment	LS Certificate/ Degree	Fin. Aid Funded
								to DESE)			
			Total:	Total	Total	Total	Total	Total			
Total Number of Students:					GRAND TOTAL						